




<b>AMENDMENT TRANSMITTAL LETTER</b>			Docket No. <b>59408 (49321)</b>	
Application No. 10/600,850-Conf. #6007	Filing Date June 20, 2003	Examiner Pham, Hai Chi	Art Unit 2861	
Applicant(s): Ayumu Oda et al.				
Invention: METHOD AND DEVICE FOR FOCUS ADJUSTMENT OF OPTICAL WRITING UNIT AND IMAGE FORMING APPARATUS INCORPORATING THE FOCUS ADJUSTMENT DEVICE				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate
<b>Total Claims</b>	19	- 20 =		x
<b>Independent Claims</b>	3	- 3 =		x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify): Extension for response within first month				120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>				<b>120.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>				
<input type="checkbox"/> No additional fee is required for this amendment.				
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
 David A. Tucker Attorney/Agent Reg. No.: 27,840			Dated: <u>April 7, 2006</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5508				



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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	10/600,850-Conf. #6007
		Filing Date	June 20, 2003
		First Named Inventor	Ayumu Oda, et al.
		Examiner Name	Pham, Hai Chi
		Art Unit	2861
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	59408 (49321)
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>120.00</b>

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer &amp; Dodge LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description						Small Entity	
						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)		Fee Paid (\$)		Multiple Dependent Claims	
19	- 20 =	x				Fee (\$)	Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)			
3	- 3 =	x					
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
	- 100 =	/50	(round up to a whole number) x				
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month							120.00

SUBMITTED BY			
Signature	<u>David A. Tucker</u>	Registration No. (Attorney/Agent)	27,840
Name (Print/Type)	David A. Tucker	Telephone	(617) 517-5508
		Date	April 7, 2006



Application No. (if known): 10/600,850

Attorney Docket No.: 59408 (49321)

**Certificate of Express Mailing Under 37 CFR 1.10**

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EV 754870446 US** in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on April 7, 2006  
Date

*Kathryn A. Grindrod*

Signature

Kathryn A. Grindrod

Typed or printed name of person signing Certificate

Registration Number, if applicable617-517-5534

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (2 pages)

One Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Amendment Transmittal (2 pages)

Amendment (15 pages)

Return Receipt Postcard

Authorization to charge \$120.00 to deposit account 04-1105